



Radiation Control Program General Information Change Form



For more information go to http://dpbh.nv.gov/Reg/RPM/Radiation_Producing_Machines_-_Home/

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|------------------------------|--------------------|----------------|-----------------|--|
| CURRENT NAME | | | NEVADA REG. NO. | |
| CURRENT MAILING ADDRESS | CITY | STATE | ZIP CODE | |
| CURRENT PHYSICAL/USE ADDRESS | CITY | STATE | ZIP CODE | |
| CURRENT PHONE NUMBER | CURRENT FAX NUMBER | E-MAIL ADDRESS | | |

PLEASE MARK THE FOLLOWING CHANGES THAT NEED TO BE MADE TO YOUR FACILITY:

| | | |
|---|---|----------------|
| <input type="checkbox"/> | ADDRESS CHANGE: <input type="checkbox"/> PHYSICAL OR <input type="checkbox"/> MAILING | |
| NEW ADDRESS | | |
| CITY | STATE | ZIP CODE |
| <input type="checkbox"/> | CHANGE OF PHONE OR FAX NUMBER: | |
| TELEPHONE NUMBER | FAX NUMBER | E-MAIL ADDRESS |
| <input type="checkbox"/> | NAME CHANGE ¹ : | |
| NEW FACILITY NAME (AS IT APPEARS ON BUSINESS LICENSE) | | |
| <input type="checkbox"/> | CHANGE OF PERSON RESPONSIBLE FOR MACHINE(S): | |
| PLEASE DIRECT ALL CORRESPONDENCE TO: | | |
| RESPONSIBLE PERSON'S NAME | TITLE | |
| <input type="checkbox"/> | OTHER: | |

CHANGE OF OWNERSHIP:

IF A CHANGE IN OWNERSHIP, YOU MUST TERMINATE AND RE-REGISTER ALL MACHINES UNDER THE NEW COMPANY'S LICENSED NAME. PLEASE FILL OUT A TRANSFER OR DISPOSAL REQUEST FORM FOR EACH MACHINE, AND RE-REGISTER ANY MACHINE IN USE UNDER THE NEW COMPANY'S INFORMATION WITH THE RADIATION PRODUCING MACHINE REGISTRATION FORM. THESE FORMS SHALL ACCOMPANY ALL APPLICABLE REGISTRATION FEES, AND MAILED TO THE ADDRESS LISTED BELOW.

| | | | |
|-----------|------|-------|------|
| SIGNATURE | NAME | TITLE | DATE |
|-----------|------|-------|------|

¹ Please provide a copy of the business license documenting the new facility name.